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Serial

# Washington, D.C. 20549 FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (☐ check if this is an amendment and name has changed, and indica	te change.)
Sale by the Issuer of Units (consisting of Notes and Warrants)	
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule 506	Section 4(6) ☐ ULOE
Type of Filing:   New Filing   Amendment	PROCECCED
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	MAR 2 3 2007
Name of Issuer ( check if this is an amendment and name has changed, and indicate	change.)
GCommerce, Inc.	THOMSON FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
601 East Locust St., Suite 103, Des Moines, IA 50309	515-288-5850
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
GCommerce, Inc. is a provider of an internet-based service to streamline the supply cha	in management process.
Type of Business Organization	
☐ business trust ☐ limited partnership, to be formed	please specify):
Month Yea	r
Actual or Estimated Date of Incorporation or Organization: [0][5] [0][0	] 🗵 Actual 🗆 Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abb CN for Canada; FN for other foreign jur	reviation for State: isdiction) [D][E]

## **GENERAL INSTRUCTIONS**

Federal:

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Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION:**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:                                                                                                                                                                             | ☐ Promoter      | ☑ Beneficial Owner             |                     | ☑ Director | ☐ General Partner |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------|---------------------|------------|-------------------|
| Full Name (Last name first, Steven Smith                                                                                                                                                              | f individual)   |                                |                     |            |                   |
|                                                                                                                                                                                                       |                 |                                | de)                 |            |                   |
| Check Box(es) that Apply:                                                                                                                                                                             | ☐ Promoter      | ⊠ Beneficial Owner             | ☐ Executive Officer | ☑ Director | ☐ General Partner |
| Full Name (Last name first, Louis Angerame                                                                                                                                                            | f individual)   |                                |                     |            |                   |
| Business or Residence Addre                                                                                                                                                                           | ess (Number an  | d Street, City, State, Zip Coo | le)                 |            |                   |
| 1056 Orange Center, Orang                                                                                                                                                                             | ge, CT 06477    |                                |                     |            |                   |
| Check Box(es) that Apply:                                                                                                                                                                             | ☐ Promoter      | ☐ Beneficial Owner             | ☐ Executive Officer | ☑ Director | ☐ General Partner |
| Full Name (Last name first, i                                                                                                                                                                         | f individual)   |                                |                     |            |                   |
| Business or Residence Addre                                                                                                                                                                           | ess (Number an  | d Street, City, State, Zip Coo | le)                 |            |                   |
| 1965 South 9th Place, West I                                                                                                                                                                          | Des Moines, IA  | 50265                          |                     |            |                   |
| Check Box(es) that Apply:                                                                                                                                                                             | ☐ Promoter      | ☐ Beneficial Owner             | ☐ Executive Officer | ⊠ Director | ☐ General Partner |
| Full Name (Last name first, i<br>Lawrence Hootnick                                                                                                                                                    | f individual)   |                                |                     |            |                   |
| Business or Residence Addre                                                                                                                                                                           | ess (Number an  | d Street, City, State, Zip Coo | le)                 |            |                   |
| 4249 Manuela Court, Palo A                                                                                                                                                                            | lto, CA         |                                |                     |            |                   |
| Check Box(es) that Apply:                                                                                                                                                                             | ☐ Promoter      | ☐ Beneficial Owner             | ☐ Executive Officer | ⊠Director  | ☐ General Partner |
| Full Name (Last name first, i<br>Edward Reitler                                                                                                                                                       | f individual)   |                                |                     |            |                   |
| Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  601 East Locust St., Suite 103, Des Moines, IA 50309  Check Box(es) that Apply: |                 |                                |                     |            |                   |
| Check Box(es) that Apply:                                                                                                                                                                             | ☐ Promoter      | ☒ Beneficial Owner             | ☐ Executive Officer | □ Director | ☐ General Partner |
|                                                                                                                                                                                                       | f individual)   |                                |                     |            |                   |
| Business or Residence Addre                                                                                                                                                                           | ess (Number an  | d Street, City, State, Zip Coo | le)                 |            |                   |
| 1960 The Alameda Suite 200                                                                                                                                                                            | ). San Jose, CA | 95126                          |                     |            |                   |

| Check Box(es) that Apply:                      | ☐ Promoter                     | ⊠ Beneficial Owner           | ☐ Executive Officer | ☐ Director  | ☐ General Partner |
|------------------------------------------------|--------------------------------|------------------------------|---------------------|-------------|-------------------|
| Full Name (Last name first, John Mott          | if individual)                 |                              |                     | ·           |                   |
| Business or Residence Addr                     | ress (Number and               | Street, City, State, Zip Coo | de)                 |             |                   |
| 518 Ringgold St., Peekskill,                   | NY 10566                       |                              |                     |             | <del>.</del>      |
| Check Box(es) that Apply:                      | □ Promoter                     | ☑ Beneficial Owner           | ☐ Executive Officer | □ Director  | ☐ General Partner |
| Full Name (Last name first,<br>Gerald Kirke    | if individual)                 |                              | ••                  | <del></del> |                   |
| Business or Residence Addr                     | ess (Number and                | Street, City, State, Zip Coo | de)                 |             |                   |
| 1000 Tulip Tree Lane, West                     | Des Moines, IA                 | 50266                        |                     |             |                   |
| Check Box(es) that Apply:                      | ☐ Promoter                     | ■ Beneficial Owner           | ☐ Executive Officer | □ Director  | ☐ General Partner |
| Full Name (Last name first, WAVO 1998 Trust    | if individual)                 | ·                            |                     | ·           |                   |
| Business or Residence Addr                     | ess (Number and                | Street, City, State, Zip Coo | ie)                 |             |                   |
| 443 SW 6 <sup>th</sup> St, Des Moines,         | IA 50309                       |                              |                     |             |                   |
| Check Box(es) that Apply:                      | □ Promoter                     | ☑ Beneficial Owner           | ☐ Executive Officer | ☐ Director  | ☐ General Partner |
| Full Name (Last name first, The Lionel Trust   | if individual)                 |                              |                     |             |                   |
| Business or Residence Addr                     | ess (Number and                | Street, City, State, Zip Coo | ie)                 |             |                   |
| 1700 Bank of America Plaza                     | a, 300 South 4 <sup>th</sup> S | t., Las Vegas, NV 89101      |                     |             |                   |
| Check Box(es) that Apply:                      | □ Promoter                     | ☑ Beneficial Owner           | ☐ Executive Officer | □ Director  | ☐ General Partner |
| Full Name (Last name first,<br>Howard Adler    | if individual)                 |                              |                     |             | ···               |
| Business or Residence Addr                     | ess (Number and                | Street, City, State, Zip Cod | le)                 | ·           |                   |
| 60 Park Road, Scarsdale, N                     | Y 10583                        |                              |                     |             |                   |
| Check Box(es) that Apply:                      | ☐ Promoter                     | ☑ Beneficial Owner           | ☐ Executive Officer | □ Director  | ☐ General Partner |
| Full Name (Last name first, Beatrice Renfield  | if individual)                 | - <u></u>                    | •                   |             |                   |
| Business or Residence Addr                     | ess (Number and                | Street, City, State, Zip Cod | le)                 |             |                   |
| 505 Park Avenue, 20th Floor                    | , New York, NY                 | 10022                        |                     |             |                   |
| Check Box(es) that Apply:                      | □ Promoter                     | ☑ Beneficial Owner           | ☐ Executive Officer | ☐ Director  | ☐ General Partner |
| Full Name (Last name first, Roston Enterprises | if individual)                 |                              |                     |             |                   |
| Business or Residence Addr                     | ess (Number and                | Street, City, State, Zip Cod | le)                 |             |                   |
| 6060 Center Drive, 10th Floo                   | or, Los Angeles, C             | CA 90045                     |                     |             |                   |

| •                 |                         |                          |              | B.                       | INFOR                | MATIO                 | N ABOUT     | OFFER      | RIÑG       |            |             |                                              |          |
|-------------------|-------------------------|--------------------------|--------------|--------------------------|----------------------|-----------------------|-------------|------------|------------|------------|-------------|----------------------------------------------|----------|
| 1.                | Has th                  | e issuer s               |              |                          |                      |                       | non-accr    |            |            |            | ing?        | Ye:<br>□                                     | s No     |
| 2.                | What                    | is the min               | imum inv     | estment tl               | nat will be          | accepted              | l from any  | / individu | al? \$     | 25,000 (s  | ubject to 1 | reduction)                                   |          |
| 3.<br>4.          | Enter                   | the inforn               | nation req   | uested for               | each pers            | son who l             | nas been o  | r will be  | paid or gi | ven, direc | tly or ind  | Ye:<br>[図<br>irectly, any                    | ,        |
| person<br>the nar | to be list<br>ne of the | ted is an a<br>broker or | ssociated    | person or<br>f more that | agent of an five (5) | a broker o<br>persons | or dealer r | egistered  | with the   | SEC and/o  | or with a s | offering. If<br>state or stat<br>ker or deal | es, list |
| Full N            | ame (Las                | t name fir               | st, if indiv | /idual)                  |                      |                       |             |            |            |            |             |                                              |          |
| Busine            | ss or Res               | sidence A                | ddress (N    | umber and                | d Street, C          | City, State           | , Zip Cod   | e)         | ·-         |            |             |                                              |          |
| Name              | of Assoc                | iated Brol               | ker or Dea   | ler                      |                      |                       |             |            |            |            |             |                                              |          |
| States            | in Which                | Person L                 | isted Has    | Solicited                | or Intend            | s to Solic            | it Purchas  | ers        |            |            |             |                                              |          |
| (C                | heck "Al                | l States" o              | or check in  | ndividual                | States)              | □ <b>Al</b> l         | States      |            |            |            |             |                                              |          |
| [AL]              | [AK]                    | [AZ]                     | [AR]         | [CA]                     | [CO]                 | [CT]                  | [DE]        | [DC]       | [FL]       | [GA]       | [HI]        | [ID]                                         |          |
| [IL]              | [IN]                    | [IA]                     | [KS]         | [KY]                     | [LA]                 | [MA]                  | [MD]        | [ME]       | [MI]       | [MN]       | [MS]        | [MO]                                         |          |
| [MT]              | [NE]                    | [NV]                     | [NH]         | [NJ]                     | [NM]                 | [NY]                  | [NC]        | [ND]       | [OH]       | [OK]       | [OR]        | [PA]                                         |          |
| [RI]              | [SC]                    | [SD]                     | [TN]         | [TX]                     | [UT]                 | [VT]                  | [VA]        | [WA]       | [WV]       | [WI]       | [WY]        | [PR]                                         |          |
| Full Na           | ame (Las                | t name fir               | st, if indiv | /idual)                  |                      |                       |             |            |            |            |             |                                              |          |
| Busine            | ss or Res               | idence A                 | ddress (N    | umber and                | d Street, C          | ity, State            | , Zip Cod   | e)         |            |            |             |                                              | <u> </u> |
| Name              | of Assoc                | iated Brol               | cer or Dea   | ler                      |                      |                       |             |            |            |            |             |                                              |          |
| States            | in Which                | Person L                 | isted Has    | Solicited                | or Intend            | s to Solic            | it Purchas  | ers        |            |            |             |                                              |          |
| (C                | heck "Al                | l States" o              | or check in  | ndividual                | States)              | □ All                 | States      |            |            |            |             |                                              |          |
| [AL]              | [AK]                    | [AZ]                     | [AR]         | [CA]                     | [CO]                 | [CT]                  | [DE]        | [DC]       | [FL]       | [GA]       | [HI]        | [ID]                                         |          |
| [IL]              | [IN]                    | [IA]                     | [KS]         | [KY]                     | [LA]                 | [MA]                  | [MD]        | [ME]       | [MI]       | [MN]       | [MS]        | [MO]                                         |          |
| [MT]              | [NE]                    | [NV]                     | [NH]         | [NJ]                     | [NM]                 | [NY]                  | [NC]        | [ND]       | [OH]       | [OK]       | [OR]        | [PA]                                         |          |
| [RI]              | [SC]                    | [SD]                     | [TN]         | [TX]                     | [UT]                 | [VT]                  | [VA]        | [WA]       | [WV]       | [WI]       | [WY]        | [PR]                                         |          |

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \( \preceq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt See "Other"..... \$0 \$0 **\$**0 Equity ..... □ Common □ Preferred \$0 Convertible Securities (including warrants) See "Other"..... <u>\$0</u> \$0 Partnership Interests ..... \$3,000,000\* \$75,000 Other: Notes and Warrants ..... \$3,000,000 \$75,000 Total ..... \* The maximum amount of notes and warrants that may be sold in the offering. Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount Investors Of Purchase \$ 75,000 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505 ..... Regulation A..... Rule 504 Total ..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. \$0 Transfer Agent's Fees..... \$0 Printing and Engraving Costs П

Legal Fees

Accounting Fees .....

Engineering Fees

Sales Commissions (specify finders' fees separately).....

Other Expenses (identify) Finders Fees.....

Total ......

 $\mathbf{X}$ 

П

X X \$20,000

\$ 120,000

\$ 140,000

\$\_0

\$ 0

b. Enter the differences between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Questions 4.b above.

| Salaries and fees                                                                                                                                   | Payments to Officers, Directors, & Affiliates \$0 | X   | Payments To Others \$750,000* |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----|-------------------------------|
| Purchase of real estate                                                                                                                             | \$0                                               |     | \$0                           |
| Purchase, rental or leasing and installation of machinery and equipment                                                                             | \$ <u>0</u><br>\$ <u>0</u>                        |     | \$0<br>\$                     |
| pursuant to a merger)                                                                                                                               | \$0                                               |     | \$                            |
| Repayment of indebtedness                                                                                                                           | \$ <u> </u>                                       | _ X | \$ <u>400,000</u>             |
| Working capital                                                                                                                                     | \$0                                               | _ 🗵 | <u>\$560,000</u>              |
| Other (specify): Servicing interest on notes, migration costs, software development, data center and infrastructure upgrades and marketing expenses | \$0                                               | ×   | \$ 1,150,000                  |
| Column Totals                                                                                                                                       | \$ <u> </u>                                       | - 🗆 | \$0                           |
| Total Payments Listed (column totals added)                                                                                                         |                                                   |     |                               |
|                                                                                                                                                     | \$0                                               | X   | \$ <u>2,860,000</u>           |

<sup>\*</sup>Salaries for intended new hires

|                                               | D. FEDERAL SIGNATURE                                                                                                                                                    | . Demography and the second    |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 505, the following signature constitutes an u | signed by the undersigned duly authorized person. Indertaking by the issuer to furnish to the U.S. Securtion furnished by the issuer to any non-accredited involutions. | ities and Exchange Commission, |
| Issuer (Print or Type)                        | Signature                                                                                                                                                               | Date                           |
| GCommerce, Inc.                               | V// Hull                                                                                                                                                                | March 13, 2007                 |
| Name of Signer (Print or Type)                | Fitle of Signer (Print or Type)                                                                                                                                         |                                |
| Steven Smith                                  | Chief Executive Officer                                                                                                                                                 |                                |

# **ATTENTION**

| E. STATE SIGNATURE                                                                                                                         |          |         |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|
| <ol> <li>Is any party described in 17 CFR 230.262 presently subject to any of the disqualification<br/>provisions of such rule?</li> </ol> | Yes<br>□ | No<br>⊠ |
| See Appendix, Column 5, for state response.                                                                                                |          |         |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this Exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature               |
|------------------------|-------------------------|
| GCommerce, Inc.        | March 13, 2007          |
| Name (Print or Type)   | Title (Print or Type)   |
| Steven Smith           | Chief Executive Officer |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# **APPENDIX**

| 1     | Intend<br>to<br>accr<br>inves | d to sell<br>non-<br>redited<br>stors in<br>tate<br>3-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |                                                  |        |          |          |
|-------|-------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------|--------------------------------------------------|--------|----------|----------|
| STATE | Yes                           | No                                                            | Notes and<br>Warrants                                                                      | Number of<br>Accredited<br>Investors | Amount                                                         | Number of<br>Non-<br>Accredited<br>Investors     | Amount | Yes      | No       |
| AL    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        |          |          |
| AK    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        |          |          |
| AZ    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        | ļ        |          |
| AR    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        | _        |          |
| CA    |                               | X                                                             | \$50,000                                                                                   | 1                                    | \$50,000                                                       | 0                                                | 0      |          | X        |
| СО    |                               |                                                               | <u></u>                                                                                    |                                      |                                                                |                                                  |        |          |          |
| CT    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        |          |          |
| DE    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        |          |          |
| DC    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        |          |          |
| FL    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        |          | <u> </u> |
| GA    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        |          |          |
| НІ    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  | :      |          |          |
| ID    |                               |                                                               | · · · · · ·                                                                                |                                      |                                                                |                                                  |        |          |          |
| IL    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        |          | <u> </u> |
| IN    |                               |                                                               |                                                                                            |                                      | _                                                              |                                                  |        |          |          |
| IA    |                               | X                                                             | \$25,000                                                                                   | 1                                    | \$25,000                                                       | 0                                                | 0      |          | X        |
| KS    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        |          |          |
| KY    |                               |                                                               |                                                                                            |                                      | ,                                                              |                                                  |        |          |          |
| LA    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        |          |          |
| ME    |                               |                                                               |                                                                                            |                                      |                                                                | 1                                                |        |          |          |
| MD    |                               |                                                               |                                                                                            |                                      |                                                                | <del>                                     </del> | -      | <u> </u> |          |
| MA    |                               |                                                               |                                                                                            |                                      |                                                                |                                                  |        | <u> </u> |          |
| MI    |                               |                                                               |                                                                                            |                                      | ·                                                              |                                                  |        | <u> </u> |          |
| MN    |                               |                                                               |                                                                                            | :                                    |                                                                |                                                  |        | L        |          |

# APPENDIX

| 1     | Intend<br>to<br>accr<br>inves | 2 d to sell non- edited stors in tate 3-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |        |                                              |                                       | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |    |
|-------|-------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------|----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------|----|
| STATE | Yes                           | No                                              | Notes and<br>Warrants                                                                      | Number of<br>Accredited<br>Investors                           | Amount | Number of<br>Non-<br>Accredited<br>Investors | Amount                                | Yes                                                                                                | No |
| MS    |                               |                                                 |                                                                                            |                                                                |        |                                              | ·                                     |                                                                                                    |    |
| МО    |                               |                                                 | <del></del>                                                                                |                                                                |        |                                              |                                       | _                                                                                                  |    |
| MT    |                               |                                                 |                                                                                            |                                                                |        |                                              | _                                     |                                                                                                    |    |
| NE    | :                             |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| NV    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| NH    |                               |                                                 |                                                                                            |                                                                | _      |                                              | _                                     |                                                                                                    |    |
| NJ    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| NM    |                               |                                                 | · · · · · · · · · · · · · · · · · · ·                                                      |                                                                |        |                                              |                                       |                                                                                                    |    |
| NY    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| NC    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| ND    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| ОН    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| ОК    |                               |                                                 |                                                                                            |                                                                |        |                                              | · <del></del> -                       |                                                                                                    |    |
| OR    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| PA    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| RI    |                               |                                                 |                                                                                            |                                                                |        |                                              | · · · · · · · · · · · · · · · · · · · |                                                                                                    |    |
| SC    |                               |                                                 |                                                                                            |                                                                |        |                                              | ·                                     |                                                                                                    |    |
| SD    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| TN    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| TX    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| UT    |                               |                                                 |                                                                                            |                                                                |        | -                                            |                                       |                                                                                                    |    |
| VT    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| VA    |                               |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |
| WA    | ļ                             |                                                 |                                                                                            |                                                                |        |                                              |                                       |                                                                                                    |    |

# APPENDIX

| 1     | to<br>acci<br>inve | d to sell<br>non-<br>redited<br>stors in<br>tate<br>3-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |                                              |        |     |     |
|-------|--------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------|----------------------------------------------|--------|-----|-----|
| STATE | Yes                | No                                                            | Notes and<br>Warrants                                                                      | Number of<br>Accredited<br>Investors | Amount                                                         | Number of<br>Non-<br>Accredited<br>Investors | Amount | Yes | No  |
| WI    |                    |                                                               |                                                                                            |                                      |                                                                |                                              |        |     |     |
| WY    |                    |                                                               |                                                                                            |                                      |                                                                |                                              |        |     |     |
| PR    |                    |                                                               |                                                                                            |                                      |                                                                |                                              |        |     | i e |

END